

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Methods of Treating and/or Preventing  
Autoimmune Diseases

Attorney Docket Number:: 019856-000210US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Illana  
Middle Name::  
Family Name:: Gozes  
Name Suffix::  
City of Residence:: Ramat Hasharon  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 14 Hamal Street  
City of Mailing Address:: Ramat Hasharon  
State or Province of mailing address::  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name::  
Family Name:: Offen  
Name Suffix::  
City of Residence:: Kfar Haroeh  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address::  
City of Mailing Address:: Kfar Haroeh  
State or Province of mailing address::

Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 38955

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Eliezer  
Middle Name::  
Family Name:: Giladi  
Name Suffix::  
City of Residence:: Netania  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 40 Sachlav Street  
Postal Address Line Two:: Ramat Poleg  
City of Mailing Address:: Netania  
State or Province of mailing address::  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 42207

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Eldad  
Middle Name::  
Family Name:: Melamed  
Name Suffix::  
City of Residence:: Tel-Aviv  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 44 Tagor Street

City of Mailing Address:: Tel-Aviv

State or Province of mailing address::

Country of mailing address:: Israel

Postal or Zip Code of mailing address:: 69341

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Douglas

Middle Name::

Family Name:: Brenneman

Name Suffix::

City of Residence:: Landsdale

State or Province of Residence:: PA

Country of Residence:: US

Street of Mailing Address:: 19 Crestwood Court

City of Mailing Address:: Landsdale

State or Province of mailing address:: PA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 19446

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application An Appn claiming 60/437,650 01/02/03

benefit under 35 USC  
119(e) of

**Foreign Priority Information**

Country::

Application number::

Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::